

COMCARE of Sedgwick County
Council of Community Members
July 1, 2002 – June 30, 2003
(Partial) Annual Plan

Community Council Priorities and Recommended Strategies

The following strategies were identified by the Sedgwick County Developmental Disability Community Council. The Annual Planning subcommittee of the Council suggests the following priorities for the Council during 2003 based on system history, recent changes, input from CDDO staff, and suggestions from Council members at meetings. These priorities are intended to complement priorities recommended specifically for the CDDO. Additionally, it is hoped that a formal planning event for the local service system will identify other priorities that can be included as additions to the annual plan.

1. Achieve stable, flexible, timely funding which is sufficient to meet the real needs of persons with disabilities.
 - 1.1 Communicate with legislators and other policy-makers about the effect of prescriptive funding on the local service system and those who depend on it.
 - 1.2 Support further development of the Self-Determination project by increasing awareness, promoting consumer and staff awareness, and by training consumers on the self-determination process.
 - 1.3 Increase communication about changes in rules and regulations.
 - 1.4 Provide comprehensive training to explain funding to all stakeholders.
 - 1.5 Work to secure funding for individuals outside of current eligibility guidelines.
2. Funding will be available to all persons in Sedgwick County in need of MR/DD services.
 - 2.1 Support legislative and contract initiatives to make funding available to eligible individuals without services who are currently on the waiting list and to persons currently in service and in need of additional services, increased level of service, or a new service.
 - 2.2 Work toward a significant increase in HCBS waiver rates to meet the cost of providing quality services in accordance with SRS recommendations.
 - 2.3 Promote legislative awareness of the funding needs of persons on waiting lists.
3. Improve quality of care by creating a larger pool of qualified staff that is consistent (reduced turnover), well trained, valued, supported, and competitively compensated.
 - 3.1 Establish a committee of CDDO affiliates to address improvement of staff retention through a financial and non-financial incentives, new management approaches, monitoring of staff turnover, and cross training.
4. Help families balance the needs of all members.
 - 4.1 Provide year-round support for families with children with disabilities by promoting an extended school year, improving access to Supportive Home Care, and making day care available (especially in the summer.)
 - 4.2 Increase awareness of community services and CDDO.
 - 4.3 Make counseling services available for families and work to build other user-friendly bonds with the mental health service system.
5. Create consistent, simplified methods of communication between consumers, families, community agencies, staff, and state agencies.

- 5.1 Provide more information about service choices, case management, and options available to parents/guardians and consumers.
 - 5.2 Increase involvement of consumers in all levels of decision-making.
 - 5.3 Provide proper explanation and interpretation of rules and regulations to staff and consumers.
 - 5.4 Inform the public and private sector of needs and accomplishments of individuals with DD.
6. Integrate Mental Health services with the Developmental Disability service delivery system to better meet the needs of individuals with challenging behaviors.
- 6.1 Secure access and a written commitment from local inpatient behavioral health care providers for persons with dual diagnosis.
 - 6.2 Develop a system of support for families of children with dual diagnosis.
 - 6.3 Develop a training plan for staff who work with individuals (both children and adults) with challenging behaviors.
 - 6.4 Provide staff with the skills to intervene in crisis situations in order to prevent more restrictive levels of care.
 - 6.5 Work at the state level to establish recognition that some state hospitalizations are necessary and appropriate.